

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Prinayah Godiah MNIAA Payne's El-Bey

(full name of the plaintiff or petitioner applying (each person  
must submit a separate application))

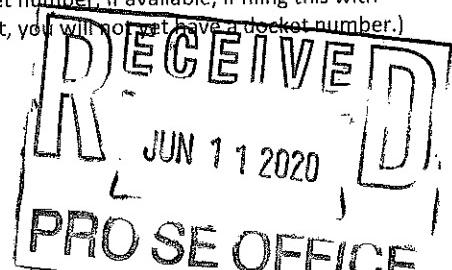
-against-

Cicallo, et al.,

(full name(s) of the defendant(s)/respondent(s))

CV 20 (CV) (OSAY (LLS)

(Provide docket number, if available; if filing this with  
your complaint, you will not yet have a docket number.)



**AMENDED APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS**

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated?

Yes

No

(GMAI DS EI-Bey)

I am being held at:

Do you receive any payment from this institution?  Yes  No

Monthly amount: HSA 183. Monthly for prescription insurance

If I am a prisoner, see 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. See 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed?  Yes

No

If "yes," my employer's name and address are:

Gross monthly pay or wages: None

If "no," what was your last date of employment?

Gross monthly wages at the time:

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

- (a) Business, profession, or other self-employment  
(b) Rent payments, interest, or dividends

Yes  
 Yes

No  
 No

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- |   |                              |  |
|---|------------------------------|--|
| (c) Pension, annuity, or life insurance payments  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability or worker's compensation payments  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (e) Gifts or inheritances   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (g) Any other sources   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

If you answered "No" to all of the questions above, explain how you are paying your expenses:

*Staying with family "Grandma"*

4. How much money do you have in cash or in a checking, savings, or inmate account?

*I have \$ 175 Snap & \$ 183 a month for PRESCRIPTIONS  
INSURANCE  
Dental  
Car*

5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:

*None*

6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:

*None*

7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):

*None*

8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

*None*

*Declaration: I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.*

*Prinyah Godiah NM. AA*  
Dated June 3, 2020  
Name (Last, First, MI)

Address 40 Ann Street  
Telephone Number 259 999 7313

City  
7813

Prison Identification # (if incarcerated)  
Signature  
Prinyah Godiah NM. AA Payne is El-Bey  
State  
Zip Code  
E-mail Address (if available)  
Prinyah.m.c@gmail.com

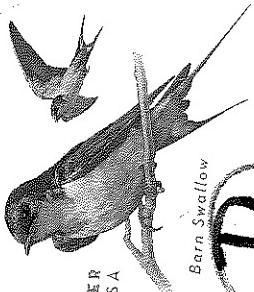
Queen Plaza West Annex  
40 41st Street & 2nd Avenue  
NYC 10038



Pro Se Intake #12

FOREVER  
USA

Barn Swallow



United States District Court  
Southern District of New York  
U.S. Courthouse - 500 Pearl  
Street New York

New York, NY  
10007-1202